PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DePARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/813,286 Filing Date 03/30/2004 | | | | To be Mailed | |
|---|---|---|---|---|--------------|---|---|--|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | OTHER THAN SMALL ENTITY □ OR SMALL ENTITY | | | | | |
| FOR N | | | JMBER FIL | .ED | NUMBER EXTRA | | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | | | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(a), (p), | | N/A | | N/A | | | N/A | | | N/A | | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | | | | x \$ = | | OR | x s = | | |
| | EPENDENT CLAIM CFR 1.16(h)) | IS | minus 3 = | | | | | x \$ = | | | x s = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and dr sheets of paper, the appl is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an | | | cation size fee due ntity) for each action thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | TOTAL | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | | | ı | TOTAL | L | |
| APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | | | |
| AMENDMENT | 03/23/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUS PAID FOR | SLY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | · 25 | Minus | ~ 29 | | = 0 | | x \$ = | | OR | X \$52= | 0 | |
| | Independent (37 CFR 1.16(h)) | • 4 | Minus | 5 | | = 0 | | x \$ = | | OR | X \$220= | 0 | |
| ΑM | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | ш | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | l | |
| | | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | 04/20/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBEI PREVIOUS PAID FO | R SLY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16()) | · 25 | Minus | 29 | | = 0 | | x \$ = | | OR | X \$52 = | 0 | |
| | Independent (37 CFR 1,16(h)) | • 4 | Minus | *** 5 | | = 0 | ĺ | x \$ = | | OR | X \$220 = | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | ĺ | | | | | | |
| ΑN | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| ** | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2. 22 and 37 CFR 1.4. This recollection is estimated to take 12 minutes to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.